U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 1984	2. Fiscal Year Covered From:  1
Name and address of person filing.	Name, file number, and address of labor organization.
Name Joseph M Bracken	Name Air Line Pilots Association, International  Labor Organization File Number 000-179
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 118 Beydler Lane	Street 535 Herndon Parkway
City Berryville	City Herndon
State Virginia ZIP Cod	+4 22611 State Virginia ZIP Code +4 20170-5226
5. Position in labor organization. Senior Staff	Engineer - E&AS
A. Held an interest in, engaged in transactions (inmonetary value from an employer whose employer	al year, you or your spouse or minor child directly or indirectly had any of the following interests as specified in the exclusions set forth in the instructions):  cluding loans) with, or derived income or other economic benefit of yees your organization represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.
A. Held an interest in, engaged in transactions (inmonetary value from an employer whose employer	duding loans) with, or derived income or other economic benefit of yees your organization represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.
A. Held an interest in, engaged in transactions (inmonetary value from an employer whose emplo  6. Name and address of Employer (including trade nam  Name  Trade Name, if any:	as specified in the exclusions set forth in the instructions):  sluding loans) with, or derived income or other economic benefit of yees your organization represents or is actively seeking to represent.
A. Held an interest in, engaged in transactions (inmonetary value from an employer whose emploid. Name and address of Employer (including trade name Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	duding loans) with, or derived income or other economic benefit of yees your organization represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.
A. Held an interest in, engaged in transactions (inmonetary value from an employer whose emplois. Name and address of Employer (including trade name Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	Juding loans) with, or derived income or other economic benefit of yees your organization represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.
A. Held an interest in, engaged in transactions (inmonetary value from an employer whose emplo  6. Name and address of Employer (including trade nam  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	Juding loans) with, or derived income or other economic benefit of yees your organization represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.
A. Held an interest in, engaged in transactions (inmonetary value from an employer whose emploisment of the state of the s	As specified in the exclusions set forth in the instructions):  Adding loans) with, or derived income or other economic benefit of yees your organization represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  Signature  clares, under penalty of Perjury and other applicable penalties of the law, that all of the information ained in any accompanying documents), has been examined by the signatory and is, to the best of the domplete. (See the section on penalties in the instructions.)
A. Held an interest in, engaged in transactions (inmonetary value from an employer whose emploids).  6. Name and address of Employer (including trade name).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Cod  15. Signature and verification. The undersigned desubmitted in this report (including the information con	As specified in the exclusions set forth in the instructions):  Adding loans) with, or derived income or other economic benefit of yees your organization represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  Signature  clares, under penalty of Perjury and other applicable penalties of the law, that all of the information ained in any accompanying documents), has been examined by the signatory and is, to the best of the domplete. (See the section on penalties in the instructions.)

Name of Person Filing Joseph Bracken	File Number U- 1984	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.	
Street  City  State  ZIP Code + 4	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name Aerospace Industries Association  Trade Name, if any: AIA  P.O. Box, Bldg., Room No., if any Suite 1700  Street 1000 Wilson Boulevard  City Arlington  State Virginia ZIP Code + 4	14.a. Nature of payment.  Breakfast foods and juices provided for meeting.	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$10	